

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY				
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statemen	t covers From: / / /o to 7 20 10 Mo Day Year Mo Day Year		
1. Committee I.D. Number 150559 2. Committee Name Committee To ELECT BRANSON KRANK	4. Candidate Last Name First Name M.I. KRANJE BRANIDOU D 4a. Office Sought Including District # or Community Served (If applicable) 2 DISTRICT COUNTY COMMISSIONER 4b. County of Residence BAY			
5. Committee's Mailing Address LOSS LI PLUCE RB FAN KAN LITM MT 48631 Area Code and Phone 989 662 7533 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filling official.	BRANG 655	me & Residential Address DONL KDAWSE W. RIVER PA KANKAWEN ME 48631 ne (989)662-7585		
7. Treasurer's Business Address	8. Designated Rec Designated Recon	ord keeper's Name and Mailing Address (If the committee has a d keeper)		
Area Code and Phone ()	Area Code and Ph	one ()		
9. TYPE OF STATEMENT		9c. Annual Statement (Coverage Year)		
9a. Pre-Election OR 9b. Post- Pre-Election or Post-Election Statement relaies to: Primary		9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. Dissolution of Candidate Committee		
☐ Convention ☐ School		Effective Date of Dissolution		
☐ Special ☐ Caucion Date of Election, Convention or Caucus 8 3 2010 Month Day Year		Month Day Year By checking this item, IWe certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver Inreshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.				
10. Verification: NWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of nylour knowledge and belief the contents are true, accurate and complete.				
Date Date Date 1 2010 Signature Brandon Krase Signature Date 1 21 2010 Signature Date 1 21 2010 Signature Date 1 21 2010				
Type or Print Name Authority granted under P.A. 388 of 1976	Signature	Date 1 C1 2010 Mo Day Year		

10+5



I. Committee I.D. Number	150559	,

2. Committee Name CommITNEE TO ELECT

BRAMOON	KRAUSE
•	

SUMMARY PAGE CANDIDATE COMMITTEE

3. Contributions	Column ! This Period	Column II
a. Itemized (Schedule 1A - Column 6) b. Unitemized (less than \$20.01 each - no Schedule) c. Subtotal of "Contributions"	(3a.) \$ 2600.00 (3b.) \$ NOT APPLICABLE	Cumulative this election cyc
4. Other Receipts (Schedule 1A -1, Column 6) 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(3c.) \$	(19.)\$
IN-KIND CONTRIBUTIONS & EXPENDITURES 6. In-Kind Contributions (Schedule 1-lK, Column 7) 7. In-Kind Expenditures (Schedule 1B-lK, Column 6) EXPENDITURES	(6.) \$	(20.) \$
8. Expenditures a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (less than \$50.01 each - no Schedule) c. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) ICIDENTAL EXPENSE DISBURSEMENTS Officeholders Only)	(8a.) \$ 1962.82 (8b.) \$	
a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50.01 each - no Schedule) TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) BTS AND OBLIGATIONS Debts and Obligations a. Owed by the Committee (Schedule 1E) c. Owed to the Committee (Schedule 1E)	(10a.)\$	(24.) \$
Ending Balance of last report filed Enter zero if no previous reports have been filed.) Amount received during reporting period Line 5, Total Contributions & Other Receipts) IUBTOTAL Add lines 13 and 14 Imount expended during reporting period Add lines 8 and 11) NDING BALANCE IUBTOTAL FIRM line 15)	(12b.) \$ BALANCE STATEMENT (13.) \$ -0- (14.) + \$ 2600.00 (15.) = \$ 2600.00 (16.) - \$ 1962.82 (17.) \$ 637.18	



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 150 559

CANDIDATE COMMITTEE 2. Committee Name Cor	MMITTEE .	to elect Bran
middle initial. Check box to indicate if contribution is from an individual, enter last name, first name, Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
Name: PATRICE MC FARLAMEN 4. Uate of Receipt 1-20-10		date of receipt)
Address: Po Box 357 Bay CITY W# 48707 5. If over \$100.00 cumulative, please provide:	100,00	100.00
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/1/2010 Brandon Krause		
Address: 655 W. River Road	·	
5. If over \$100.00 cumulative, please provide:	2,500.00	2,500.00
Occupation LANDSCAPER Employer SECF EMPLOYEE		
ype of Contribution: Direct X Loan from a person Fund Raiser		
. Contribution # 3 PAC Receipt? YES 4. Date of Receipt		
ddress:		
if over \$100.00 cumulative, please provide:		
cupationEmployer_		
pe of Contribution: Direct Loan from a person		
Contribution # 4 PAC Receipt? VES 4 Detaction		
me;		
Mount \$100.00 augustation		
If over \$100.00 cumulative, please provide:	1	
iness Address e of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal		
Grand Total of All Schedules 1A (Complete on last page of Schedule)	100.00	

Page 3 of 5

Enter this total on line 3 of Summary Page.



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

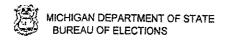
ITEMIZED EXPENDITURES **SCHEDULE 1B**

150559 1. Committee I. D. Number_ BRANDON KENZE

CANDIDATE COMMITTEE				
3. Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Dale	6. Amount	
Expenditure #1 Name BAM CIM DEMOCRAT Address 2.000	Purpose: CAMPAIGH MARSEIAL	1-20-10	1162.82	
Address 309 9TH ST BAUCITY 48708	Check box if this expenditure is payment of debt or obligation reported on previous statement		1102.000	
Expenditure #2 Name Bay CITY POST OFFICE	Purpose:PostAre		400,00	
Address Washington Ave lay UTY, M [] Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement.			
Expenditure #3 Name NEAR RICHEM Address 1140 WOODWIND TEAML	Purpose: NATIABASE		(200.00)	
HASLETT MI 48840	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #4 Name BRAN DON KANSE	Purpose: FVEL		200, 62	
Address 655 w RIVER RA LAW KANGLIN MF 43631	Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #5 Name	Purpose:			
Address Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement			
	Subtotal Grand Total of all Sch (Complete on last page of	edules 18	1962.82	

1962.82

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS 1. Committee I.D. Number **SCHEDULE 1E** 2. Committee Name CommiThe CANDIDATE COMMITTEE This Schedule itemizes: Debts and obligations owed by or forgiven the committee Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.) 3. Name and Mailing Address of person, vendor or 4. Type of Obligation 7. Date and amount of 8. Cumulative 9. Outstanding financial institution to whom debt is owed. (Description) payment to each payment Balance at close 5. Indicate date debt was date on debt of this period Check box to indicate whether debt is owed to an incurred (Item 6 minus incorporated business. If debt is a bank loan, please 6. Indicate original amount Item 8) provide information regarding the endorsers or of debt guarantors, if any. Debt #1 Owed to or by: 5. Date Debt Was Incurred: 6-1-10 655 W. River Rd. 6. Original Amount of Debt: Kawkewin, M. 4863, if bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #2 Owed to or by: 5. Date Debt Was Incurred: 6. Original Amount of Debt: **FORGIVEN** S If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt#3 Corp? 4. Type: Owed to or by: 5. Date Debt Was Incurred: S 6. Original Amount of Debt; FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$ 2500 Page Subtotal (Outstanding debt) Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by™ or line 12b "owed to" of the Summary Page

2500

Page 5 of 5

I received a contribution of \$200 on 7/20/2010 from Pat Mc Farland which was two days beyond the cutoff of the pre-primary report. Was advised by Clerk to roll it into the Pre-primary totals prior to the day of filing my report.

This notification serves as my statement of late contribution beyond the pre-primary cutoff.

Brandon Krause